

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-004563

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 250

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

146-31

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USE BLACK INK  
OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Normandy Mo.</b>		c. CITY OR TOWN <b>Florissant</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <b>O'Sullivan Nursing Home</b>		d. STREET ADDRESS <b>McGrath Lane</b>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Harry A. McGrath</b>		4. DATE OF DEATH Month <b>Jan.</b> Day <b>23</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/27/80</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Service Station Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Gas Station</b>	9. AGE (last birthday) <b>82 Yrs.</b>
13a. FATHER'S NAME <b>John McGrath</b>		13b. MOTHER'S MAIDEN NAME <b>Bridget Murphy</b>	11. BIRTHPLACE (City and state or country) <b>Jerseyville, Ill.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
17. INFORMANT <b>Timothy McGrath</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Ellen Loremie McGrath</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>acute cor pulmonale</b> DUE TO (b) <b>chronic cigarette</b> DUE TO (c) <b>heart failure &amp; pulmonary embolism</b>		INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b> <b>4 yrs</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Arteriosclerotic heart disease</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>6:15 P.M.</b> Month, Day, Year <b>1/23/63</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Florissant, Mo.</b>	
21. I attended the deceased from <b>6/15/50</b> to <b>1/23/63</b> and last saw him alive on <b>1/23/63</b> Death occurred at <b>6:15 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>[Signature]</b> (Degree or title)	
22b. ADDRESS <b>720 N. Adams (Bridge)</b>		22c. DATE SIGNED <b>1/24/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1/26/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Ferdinand Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Florissant, Mo.</b>		24. FUNERAL DIRECTOR <b>White-Mullen Mortuary</b>	
25. DATE RECD. BY LOCAL REG. <b>1-24-63</b>		26. REGISTRAR'S SIGNATURE <b>John C. Murphy md.</b>	

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Reinhold K. Lehmann

Licensed Embalmer No. 3395

P. O. Address St. Louis 35 MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.